

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Steven Just et al.
 Application No.: 10/705,364
 Filed: November 10, 2003
 For: **Blood Pressure Cuffs With Resilient Support Sleeves**

Confirmation No. 4621
 Group Art Unit: 3736
 Examiner: Unknown

Date: October 30, 2006

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

- ☐ Applicant claims small entity status. See 37 CFR §1.27.
☒ No additional fee is required.
☐ The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
Total	52	64	= 0	x 25=	\$	x 50=	\$.00
Indep	3	4	= 0	x100=	\$	x200=	\$.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+180=	\$	+360=	\$
				Total Add. Fee	\$	OR Total	\$.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

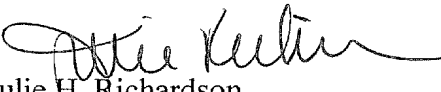
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

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- ☐ Please charge my Deposit Account No. 50-0220 in the amount of \$ ____ for ____.
- ☐ A check in the amount \$ _____ to cover _____ is enclosed.
- ☒ The Commissioner is hereby authorized to charge the appropriate fees associated with this communication or credit any overpayment to Deposit Account No. 50-0220.

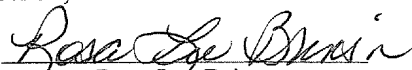
Respectfully submitted,


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CERTIFICATION OF TRANSMISSION

I hereby certify that this correspondence is being transmitted electronically to the U.S. Patent and Trademark Office on October 30, 2006.


Rosa Lee Brinson